



# Iowa Department of Human Services

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## INFORMATIONAL LETTER NO.1546

**DATE:** September 4, 2015

**TO:** Iowa Medicaid Providers Excluding Individual Consumer Directed Attendant Care (CDAC)

**FROM:** Iowa Department of Human Services (DHS), Iowa Medicaid Enterprise (IME)

**RE:** Clarification of Emergent Medical Condition Coverage

**EFFECTIVE:** Immediately

**\*\*\*\*\*This letter replaces Informational Letter No. 1535 dated August 24, 2015\*\*\*\*\***

Medicaid coverage is available to pay for the cost of an emergency medical condition for resident aliens who do not meet Medicaid's citizenship, alienage or social security number requirements. This eligibility status was previously referred to as "3 Day Emergency Coverage" and has been redefined as "Emergent Medical Condition Coverage." To be eligible for Medicaid benefits, such aliens must:

- Meet financial, categorical, and state-residency requirements, and
- Have had or currently have an emergency medical condition.

### **Emergency Condition**

The Iowa Administrative Code 441-75.11(1) defines an "emergency medical condition" as a medical condition of sudden onset (including labor and delivery) manifesting itself by acute symptoms of such severity (including severe pain) such that the absence of immediate medical attention could reasonably result in:

- Placing the member's health in serious jeopardy.
- Serious impairment of bodily function.
- Serious dysfunction of any bodily part or organ.

Any person who might be eligible for Medicaid emergency benefits may be referred to the nearest DHS office for assistance.

### **Eligibility Determination**

Care provided must be during the emergent period beginning with the date the member presented for treatment of the emergency condition, regardless of the length of time the emergency condition exists.

Prior to submitting claims, DHS requires verification of the emergency through the submission of the [Verification of Emergency Health Care Services](#)<sup>1</sup>, form. **Providers are required to complete the section labeled “To be completed by the provider” with all important information so the department has a clear record of what specific emergency occurred and what service was provided.**

The Verification of Emergency Health Care Services form must include the date(s) of service and verify that an emergency service was received for that same date span. Providers should contact their local DHS office with any questions regarding completion of the form. If the member presents for treatment later during that month for some other emergency condition, treatment for that condition is also payable in that month once the emergency condition has been verified. It is expected that claims for emergency services should reflect an emergency-related diagnosis.

### **Covered Services**

Payment for treatment of an emergency medical condition is limited to only the following services as they relate to the emergent condition:

- Inpatient or outpatient hospital services.
- Professional services related to the emergent episode, while it is emergent.
- Services of an independent diagnostic laboratory or x-ray facility related to the emergent episode, while it is emergent.

### **Non-Covered Services**

It is important to note that follow-up care or ongoing treatment for services related to a covered, emergent episode that are provided under a non-emergent context are **not** covered under this limited benefit.

### **Denied Claims**

Should a claim for an emergent condition deny, providers may request further review and a written response from the IME by:

- Submitting a [Provider Inquiry](#)<sup>2</sup> form.
- Including a copy of the claim form with the Provider Inquiry and;
- All necessary documentation of services rendered.

If you have any questions please contact the IME Provider Services Unit at 1-800-338-7909, or email at [imeproviderservices@dhs.state.ia.us](mailto:imeproviderservices@dhs.state.ia.us).

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<sup>1</sup> <http://dhs.iowa.gov/sites/default/files/470-4299.pdf>

<sup>2</sup> <http://dhs.iowa.gov/sites/default/files/470-3744.pdf>